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ABSTRACT

Head Start's 15 years of service are reviewed and future recommendations are presented in this report requested by the President of the United States. The program's successes include: (1) providing health care services to the poor; (2) effecting long-lasting educational gains for children; (3) fostering parent involvement; (4) promoting the career development of Head Start parents; and (5) influencing other community programs. Research and demonstration activities have made it possible for Head Start to respond to changing family needs and provide services beyond the original preschool target population. Despite these successes, Head Start has been confronted with the problems of inflation, uneven program quality, limited managerial resources, low staff wages, and shifts in program administration and changing demographics. Suggestions for protecting program quality (emphasized in this report as Head Start's foremost priority) include incorporating more trained caregivers into the program, increasing program and managerial resources, and legislating Head Start's permanent status in the Administration for Children, Youth, and Families (ACYF). In addition, recommendations for the controlled expansion of Head Start, the strengthening of recruitment procedures, an increased emphasis on the family-centered orientation and the maintenance of a strong evaluation component are made. (Author/JA)

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HEAD START in the 1980's

Review and Recommendations

A Report Requested by the President of the United States.

September 1980

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Preface

On the occasion of Head Start's 15th anniversary celebration at the White House on March 12, 1980, President Carter asked Secretary of Health and Human Services Patricia Harris to convene a panel to review the Head Start program and to suggest a blueprint for its future. To fulfill the President's charge, Secretary Harris appointed a panel composed of academic researchers, public officials and Head Start leaders, including parents as well as program directors. Some of these committee members served on the original planning committee for Head Start in 1965.

Edward Zigler, Sterling Professor of Psychology at Yale, was asked to chair the committee and supervise the preparation of the committee's report. Committee members were asked to submit their recommendations for the Head Start program to the committee chairman. The chairman and his staff also interviewed Head Start officials from the national and regional levels; met with local Head Start directors, teachers, and parents; and reviewed the extensive literature available on the Head Start program. Finally, a draft was submitted to the committee members, and their critiques were incorporated in the final report.

Acknowledgements

Based on committee contributions, this report was written by Susan Muenchow, Public Education Coordinator for Yale's Bush Center in Child Development and Social Policy. Susan Shays, Public Education Assistant at the Bush Center, aided with the research and preparation of the manuscript.

The committee would like to thank Raymond Collins, Chief of the Development and Planning Division of Head Start, for providing extensive documents and back-up materials. We would also like to thank Harley Frankel, Deputy Director of Presidential Personnel, for his insightful critiques of earlier drafts.

Finally, we would like to acknowledge the Bush Foundation of St. Paul, Minnesota, which funded the work of the committee and the preparation of the report.

Executive Summary

After 15 years, Head Start's successes are impressive. At the most basic level, Head Start is one of the nation's largest deliverers of health care to poor children. Head Start has provided nutritious meals, vaccinations, and dental care to millions of children who would otherwise not have had them. As for Head Start's educational benefits, the once popular view that Head Start gains tend to "fade out" after a child enters elementary school has proven to be incorrect. Evidence of gains lasting as long as 13 years after the children's Head Start or other preschool experience has now been documented. Head Start has also had a substantial impact on the parents of the children enrolled. Not only has the program fostered parent involvement, but it has also promoted career development. Twelve thousand Head Start parents have received college training, and one-third of the trainees in the Child Development Associate (CDA) program (a competency-baned training program for child caregivers) are parents of current or former Head Start children. Finally, through research and demonstration activities, Head Start has reached far beyond its original target population. Some of these demonstration projects--such as the Child and Family Resource Program--not only have been successful in their own right but also suggest a basis for making the regular Head Start program more responsive to changing family needs.

As innovative and successful as the program has been, however, there are disturbing signs that inflation is endangering the quality of Head Start, with many programs already showing severe cutbacks in the staff, hours and services offered. Head Start does not have sufficient staff, particularly at the regional level, to deliver technical assistance to local grantees. Head Start teachers

continue to receive far lower salaries than their public school counterparts with comparable skills and experience, and many do not receive standard employee benefits such as health insurance and retirement plans. Furthermore, despite Head Start's successes, the program still serves only 20 percent of the eligible population. While the demand for prenatal and infant services has been rapidly escalating among the target population, the regular Head Start program continues to focus primarily on preschool children ages three to five.

Based on our review of Head Start and the challenges facing the program in the 1980s, our first priority is to protect Head Start's quality, which has always been the program's hallmark. To protect staff-child ratios and class size, the proposed Revised Head Start Performance Standards should be implemented. At least one teacher in every Head Start classroom should be required to have a nationally recognized credential in child development, such as the Child Development Associate (CDA). At the same time, Head Start staff must receive cost-of-living increases, salary incentives and employee benefits comparable to those of personnel performing similar tasks in the community. As another quality control measure, more emphasis should be placed on program and managerial resources. It is time to specify job requirements and minimum salaries at every level of the program. At the regional level, the caseload for Community Representatives should be gradually decreased. Funds should be specifically budgeted for training Community Representatives. To maintain Head Start's strengths as a comprehensive program with a strong parent involvement component and a popular community base, we call on Congress to legislate Head Start's permanent status in the Administration for Children, Youth, and Families (ACYF) within the Department of Health and Human Services.

While our first priority is to protect Head Start's quality, we also

recommend that ACYF begin planning for a controlled expansion to serve more of the income-eligible children, with a minimum of a two percent increase per year. Recruitment efforts should be strengthened to reach children and families with the greatest needs, including children with severe handicaps. Head Start should continue to focus on low-income families, but the eligibility guidelines should make allowances for regional variations in the cost-of-living and the level of welfare payments.

Over the next decade, Head Start should also build on its family-centered orientation. Specifically, we recommend that the features of the Child and Family Resource Program (CFRP) be gradually incorporated in the regular Head Start program. This would include an extension of services to children under three, expanded assistance to children of low-income working parents, and the development of more options for full-day care. In addition, a self-help component for parents should be introduced. Preventive health measures should be extended, including an accident prevention program. Head Start's volunteer pool should be reinvigorated with the inclusion of other family members, in addition to the mother. Efforts to promote better linkages between Head Start and the public schools must be strengthened.

To accompany these policy recommendations, this committee calls on Head Start to maintain its strong evaluation component. The next stage of evaluation is to explore which program features help which families. Research is also needed to determine whether Head Start children may do better when they are mixed with children from higher income groups. Finally, the new Head Start programs established under the recent expansion effort should be assessed to determine the ease with which these programs were established, and the relationship between these new Head Start programs and other child care programs.

Head Start is a social program which has proven to be effective. In this age of economic retrenchment, when it is tempting to write off the poor as a casualty of inflation, Head Start is more important than ever. Thus, we offer these recommendations to ensure that Head Start continues to exercise its leadership role as an innovative program, and that it builds on its already established function as a coordinator for family services.

Head Start is now 15 years old. Established in 1965, Head Start has served over 7.5 million economically disadvantaged children and their families and continues to serve over 375,000 children a year. Head Start stands out as a national landmark in human services in three crucial respects--its comprehensive approach, its emphasis on parent involvement, and its responsiveness to local needs. First, unlike the categorical programs which characterize most service efforts in the United States, Head Start has sought to promote simultaneously the social, physical, and intellectual development of the child. Second, from its inception, the program has emphasized parent participation: The founders of Head Start recognized what so many human service providers have missed--namely, that it is very difficult to help young children without involving their parents in the process. Third, Head Start stands out for its flexibility and responsiveness to local needs: Without direct federal funding to local communities, it is doubtful that Head Start could have developed a program so well geared to the diverse people it serves.

Over its 15-year history, Head Start has always been a vulnerable program, and its continuation has frequently appeared in jeopardy. Yet, Head Start is also a popular program, enjoying bipartisan support in Congress as well as from Health, Education, and Welfare Secretaries of different political parties. As one of the few survivors of the War on Poverty years, Head Start owes its survival largely to its demonstrated success. As President Carter remarked at Head Start's 15th anniversary, Head Start "is a program that works" (Remarks of the President, 1980). Head Start is one of the nation's largest deliverers of health care to poor children. The program has also been proven to foster long lasting gains in children's school performance and in the well-being of their families. Head Start has never been a static program. Through its

many innovative projects, Head Start's influence has extended far beyond its target population.

As innovative and successful as Head Start has been, however, the program has yet to achieve the full measure its founders intended. Fifteen years after the program's inception, there are disturbing signs that the quality of Head Start--which has always been the program's hallmark--may be in jeopardy. Many programs are well run, delivering all the mandated services; others are not, with inflation seriously endangering both the quality and the quantity of services in many areas. One of the chief problems is that Head Start does not have sufficient program and managerial staff at the regional level to assist local grantees. In addition, while researchers and administrators alike continually pay lip service to the central importance of the caregiver, Head Start teachers still receive disgracefully low wages, with a high percentage at minimum wage. Finally, while Head Start has reached out successfully to younger children in its demonstration projects, the program has never been given the resources to extend its regular coverage beyond the original target group of three- to five-year-olds. As the program confronts the coming decade, it therefore faces a difficult challenge: How can Head Start sustain and adapt its demonstrated strengths in the face of rapid and profound changes in the structure of the family and in the state of the economy?

Amidst the crisis confronting all human services, Head Start stands in a stronger position than most social programs. "The flexibility of [Head Start] to accommodate changing times . . . has been one of its innate strengths," as President Carter remarked at the program's 15th anniversary. While acknowledging difficult times ahead in controlling inflation, the President promised that "Head Start will be protected," and that he will ask Congress to extend the

program for five more years (Remarks of the President, 1980).

With these assurances that the Head Start program will not only be maintained but enhanced, this committee will attempt to evaluate Head Start. In this report, we will assess the strengths and weaknesses of the program, suggest possible solutions to existing problems and offer some new directions for the 1980s. Our charge, in the words of the President, is to suggest how "an excellent program can be made even stronger and better."

I. Inventory of Programs

A. Basic Head Start Program

The basic Head Start program, a center-based, preschool program for children ages three to five, currently serves 376,300 children. At least 90 percent of these children come from families below the poverty line, and nearly 12 percent are handicapped.

Although Head Start began as a summer program, all but 82 of the current 1,262 programs now operate on a full-year basis. Sixty-five percent of the programs are urban, and 35 percent are rural. With a Head Start budget of $735 million for fiscal 1980, the cost per child for the full-year program is approximately $1,900 (Project Head Start Statistical Fact Sheet, 1980).

Head Start centers offer services that are comprehensive and family-oriented in nature. Far more than just a nursery school experience for the poor, the basic Head Start program provides access to health care, adequate nutrition, and social services which many of the children enrolled would not otherwise receive. Moreover, as a program which from its outset was intended to focus jointly "on the problems of child and parent" (Recommendations for a Head Start Program, 1965), Head Start offers a number of features for parents, such as career development as well as participation in the classroom.

B. Demonstration Projects

While the center-based preschool program serving three- to five-year-olds and their parents is probably the most familiar feature of Head Start, it is far from its only component. Very early on in Head Start's history, it was decided that Head Start should not be a static program but rather one which attempted to try new approaches and to respond to changing needs (Zigler, 1979b). Thus, through research and demonstration activities, Head Start has actually reached far beyond the preschool population to provide a wide range of services to families and children of all ages. These special demonstration projects associated with Head Start tend to put even more emphasis on a family-oriented approach to helping children than does the basic Head Start program. Many of these demonstration efforts have been successful, and they suggest a basis for making the regular Head Start program more responsive to changing family needs.

1. Parent and Child Centers (PCC)

Created in February 1967, the Parent and Child Centers (PCC) were established to provide comprehensive services for economically disadvantaged families who have one or more children under the age of three. The major program elements are the same as those of the basic Head Start program, only the target age range is younger. Currently there are 34 Parent and Child Centers, serving approximately 3,500 children of prenatal through three years of age and their families.

Of special note are the three Parent and Child Development Centers (PCDC), which add a strong research component to the Parent and Child Center concept. Each PCDC has developed and carefully evaluated a different model of working with parents and infants.

2. Home Start

Home Start, a three-year demonstration program begun in 1972, was designed to provide Head Start services to children and parents at home, rather than at

a center. Home Start consisted of 16 programs, each serving about 80 families. Although Home Start ended as a demonstration program in 1975, any Head Start program can now adopt a home-based option. By 1979, over 400 Head Start grantees had converted their program, in whole or in part, to a home-based approach, serving 22,000 children. The Administration for Children, Youth and Families (ACYF) funds seven Home Start Training Centers to help provide support services for the home-based option.

3. Child and Family Resource Program (CFRP)

Established in 11 different locales in 1973, the Child and Family Resource Program (CFRP) was designed to provide a variety of services from which families can choose according to their needs. As pointed out by the General Accounting Office, too often families "are either unaware of or unable to maintain access to existing services" (Report to the Congress by the Comptroller General of the United States, 1979). CFRPs are therefore designed to serve as a focal point for families in obtaining services and benefits for which they are eligible.

The key staff member of the CFRP is the family advocate, who works to establish a close, trusting relationship with each family and to advise them of services available from both the CFRP and from the larger community. CFRPs are required either to provide or to make available the following services: prenatal care, developmental programs for children through age eight, pediatric screening and health care for children, programs to facilitate a smooth transition from preschool to elementary school, and supportive assistance to families. In addition, CFRPs may provide day care, tutoring, and various forms of adult education and training. Each CFRP serves at least 80 families, and in any given year, over 1,000 families are served (Zigler and Seitz, in press).

4. Project Developmental Continuity (PDC)

Project Developmental Continuity (PDC) was initiated in 1974 to help Head Start children and their families make the transition to elementary school. The educational and developmental activities begun in Head Start are carried through the first years of primary school. Special emphasis is placed on maintaining parent involvement. PDC also focuses on the special needs of handicapped children and bilingual children in the early school years.

As of January 1977, 7,000 children and families were being served in 13 PDC projects (Project Developmental Continuity, 1977).

5. Head Start Services to Handicapped Children

In 1972 Congress mandated that at least 10 percent of Head Start's national enrollment consist of handicapped children. Since fiscal year 1976, Head Start has had funds targeted at this mandate. Special funding for handicapped services currently amounts to $36 million a year. Handicapped children in Head Start are to receive the full range of Head Start services, as well as services tailored to their special needs (Richmond, Stipek, and Zigler, 1979). Head Start also offers special assistance to parents of handicapped children.

6. Bilingual-Bicultural Program

This effort focuses on the needs of Spanish-speaking children, who now comprise 19 percent of all Head Start children. Bilingual-bicultural curriculum models have been developed and are being used by more than 30 local programs. Four regional bilingual/bicultural centers have been established--in California, Colorado, New York and Texas. A regional resource network has been established to provide in-service training, materials, and assistance to programs. In addition, several models have been developed to train Head Start staff in bilingual-bicultural education.

7. Child Development Associate (CDA) Program

CDA, initiated in 1972 to train caregivers in Head Start and day care, helped pioneer the competency-based approach to training. The credential has already been awarded to 6,691 men and women, and 6,500 Head Start staff are presently in CDA training. The Administration for Children, Youth, and Families, which funds the CDA training program, estimates that 5,000 persons are waiting to be assessed for the credential.

8. Education for Parenthood

Established in 1972, the Education for Parenthood program was designed to educate high school students about early childhood and human development through direct, supervised field experience in Head Start centers. Exploring Childhood, a curriculum designed for secondary school students, has been implemented in over 3,000 schools and 2,000 community agencies across the country. Exploring Parenting, designed to assist parents in their roles as primary educators of their children, has been established in over 300 locales, involving some 6,000-7,000 parents. The main purposes of this curriculum are to help parents (1) examine their attitudes about child-rearing as well as their own personal values; (2) heighten their understanding of their children and their environment; and (3) expose them to a range of alternative approaches to child-rearing situations through exchanging knowledge and personal experiences within the group setting. ACYF's target for 1983 is to establish 600 Exploring Parenting programs across the country, encompassing about 20,000 parents.

II. Success of Head Start Program

Head Start's successes are impressive. At the most basic level, Head Start is one of the nation's largest deliverers of health care to poor children. Head Start has provided nutritious meals, vaccinations, and dental care to millions of

children who would otherwise not have had them. As for Head Start's educational benefits, the once popular view that Head Start gains tend to "fade out" after a child enters elementary school has proven to be incorrect. Head Start has now been found by a number of independent investigators to have long-term benefits for children's school performance. In addition, numerous evaluations have documented Head Start's positive impact on parents and on the wider community. Finally, Head Start's many demonstration projects--particularly its family initiatives--have exerted an important influence on the development of child and family services affecting Americans of all income groups.

A. Basic Head Start Program

1. Impact on Health

Head Start's impact on the physical health of children from low-income families is substantial and indisputable. Although the fact is not widely recognized, Head Start is one of the nation's largest deliverers of health services to poor children.

Recent data confirm that Head Start has had a significant impact on the health and health care of the children enrolled. First, Head Start improves the children's nutritional status, reducing the prevalence of anemia and contributing to better nutritional practices (Social Research Group, 1977). Second, data from the Head Start Performance Indicators indicate that 82 percent of the children enrolled nationwide had been medically screened by the end of the 1978-79 year, and 90 percent of those children identified as needing treatment had received treatment (National Institute for Advanced Studies, 1980). Head Start has also improved dental care for poor children. Sixty-seven percent of Head Start children received dental examinations during the 1978-79 school year and 88 percent of those identified

as needing treatment received it. As another important health care indicator, Head Start children have received immunizations at a rate 20 percent higher than the national average among low-income children (Richmond, Stipek, and Zigler, 1979).

Beyond these measurable effects, Head Start has had an important though inestimable impact on the health care profession. As a result of Head Start's health component, many pediatricians and other professionals became actively involved in the health problems of low-income families and their children. In the words of Dr. Robert E. Cooke, pediatrician and chairman of the program's original planning committee for Head Start, under Head Start "the physical and mental development of poor as well as middle- and upper-class children became a major concern of organized medicine for the first time" (Cooke, 1979).

2. Educational Effects

After a period of controversy concerning the educational benefits of Head Start, Head Start and other preschool programs have now been found to promote long lasting gains in children's educational performance.

The so-called Westinghouse Report (1969)--which used IQ scores as the major measure of Head Start's effectiveness--concluded that the initial gains of Head Start children over non-Head Start children fade out once the children have spent two or three years in elementary school (Westinghouse Learning Corporation, 1969). However, this study has been found to have numerous and serious methodological flaws (Datta, 1976; Campbell and Erlebacher, 1970; Smith and Bissell, 1970). Some investigators, upon reanalyzing the Westinghouse data, even concluded that Head Start does have long lasting positive effects on children's IQ scores (Palmer and Andersen, 1979).

Still more important, the decade of the 1970s has produced increasing

evidence that Head Start in fact does have long lasting educational benefits. If one uses school performance, not IQ scores, as the primary measure of effectiveness, Head Start turns out to produce many enduring benefits for children. Evidence of gains lasting as long as 13 years after the children's Head Start or other preschool experience comes from the Consortium for Longitudinal Studies, composed of 12 independent investigators. Based on a follow-up of 820 children now well beyond the primary grades, the Consortium found that children who had been in Head Start or other preschool intervention programs were less likely to be in special education classes and more likely to be in the correct grade for their age (Darlington, Royce, Snipper, Murray, and Lazar, 1980).

Moreover, on fourth-grade standardized tests, children who had been in Head Start or preschool scored significantly higher in mathematics achievement than those in the control group and tended to score higher in reading as well (Lasting Effects After Preschool, 1978). According to one cost-benefit analysis, when the costs of Head Start are weighed against both its benefits (increased projected lifetime earnings for the children) and the high costs of special educational services later for non-Head Start children, Head Start's benefits outweigh its costs by 236 percent (Lazar, 1979). Further evidence of Head Start's educational effectiveness is summarized in the George Washington research review (Social Research Group, 1977).

To sum up, contrary to the early findings of the Westinghouse Report, Head Start and other preschool compensatory education programs have been found to have a dramatic, long lasting impact on a number of measures of educational achievement. Furthermore, research is beginning to offer clues about why Head Start has these positive effects on children's school achievement.

The best hypothesis is that, through their contact with Head Start, parents become more effective in encouraging the child's motivation to learn. Not only has research shown that children do better when their parents are involved, but there is also research to suggest that preschool intervention can succeed only when parents are participants in the educational process (Bronfenbrenner, 1975; Valentine and Stark, 1979).

3. Impact on Parents

To understand the full impact of Head Start on participating parents, one first needs some background information on the prior experience of the population served. For 96 percent of the parents of children enrolled in the Dane County, Wisconsin, Head Start from 1966-72, preschool was a totally new experience. The idea and experience of "volunteering" was new to virtually all these families. Yet not only did the vast majority of these parents become involved in Head Start, but also nearly half (44 percent) continued to serve on other community organizations years after their Head Start experience (Adams, 1976).

With this background in mind, the national data on Head Start's impact on parents are striking. According to Head Start Performance Indicators, on the average, for every 15 children enrolled in the program, 10 Head Start parents provide a volunteer service (National Institute for Advanced Studies, 1980). Moreover, 95 percent of Head Start graduates' parents enthusiastically endorse the program as being personally helpful to them (Abt, 1978). Head Start also seems to influence parental attitudes at home: Many studies have shown that Head Start parents allow their children to help more with household tasks, that the parents read to their children more, and that they show more interest in their children's reading and writing skills (O'Keefe, 1979). Head Start also appears to reduce the sense of parental isolation

frequently cited as a factor in child abuse (Zigler, 1979a). Ninety-four percent of Head Start graduates' parents report that the program provides welcome opportunities to get together with other parents (Abt, 1978). Finally, Head Start appears to have a long-term positive impact on parental involvement in their children's education. Eighty-two percent of Head Start graduates' parents surveyed report going to their child's elementary school to meet and talk with the teacher (Abt, 1978).

The fact that Head Start mandates that parents have decision-making power in the program may be crucial. The Title I intervention programs, sponsored by the Office (now Department) of Education, limit parent authority to an advisory capacity. As a result, the Title I parent advisory groups appear to have little power and impact (Davies, 1978). By contrast, Head Start seems to increase participating parents' sense of control over their lives, which in turn appears to contribute to their children's sense of self-esteem.

4. Career Development

Another major indication of Head Start's impact on parents is its career development component. Twelve thousand Head Start parents have received college training for credit through the Head Start program, and well over 1,000 have received A.A. or B.A. degrees (Trickett, 1979). In addition, one-third of the trainees in the Child Development Associate (CDA) training program are parents of current or former Head Start children. Thirteen percent of the Head Start classroom staff--one-third of whom are parents of current or former Head Start students--have earned B.A.s in early childhood education, and 12 percent have obtained the CDA credential (Project Head Start Statistical Fact Sheet, 1980).

5. Impact on Community

Head Start has also exerted an important influence on other institutions in low-income communities. The Kirschner Associates survey (1970) identified 1,496 insitutional changes consistent with Head Start goals in 48 communities which had a Head Start program. More than half of the communities showed more than 25 changes. Fifty percent of these changes related to greater educational emphasis on the needs of the poor and minorities; 26 percent involved modifications of health services to serve children from low-income families better, and 20 percent involved greater use of low-income persons in decision-making capacities (Datta, 1979). By contrast, almost no changes in community institutions were observed in the comparison communities.

B. Demonstration Projects

The research and demonstration activities listed above (pp. 4-7) not only influence many private and public programs outside Head Start's domain, but they also suggest a basis for making the regular Head Start program more responsive to changing family needs. Some of the contributions of these research and demonstration programs are summarized below.

1. Impact on Other Child Care Programs

Head Start has helped influence early child care services increasingly used by a broad range of American families. At a time when there was virtually no publicly supported day care in the United States, Head Start helped serve as an index of quality care when the Department of Health, Education and Welfare was drafting the original Federal Interagency Day Care Requirements (FIDCR) in 1968 (Cohen and Zigler, 1977). Head Start has thus helped influence the emerging child care programs for children of working parents.

The home visitor component used by the Home Start program has also

been picked up by a wide range of programs attempting to reach rural and other isolated families. Finally, Head Start's emphasis on parent involvement has served as a model for many other child care programs.

2. Caregiver Training

Head Start's demonstration of how to train qualified caregivers could help meet the growing demand for day care voiced by a broad range of American families. The development of a competency-based training model, the Child Development Associate (CDA) program, holds particular promise. Research has long shown that the quality of child care can be no better than the quality of the caregiver. But much less was known about how, on a nationwide scale, to develop a supply of quality caregivers. The CDA program, by identifying the competencies that characterize a good caregiver, has thus made an important contribution to quality child care.

The CDA program is also cost effective. Child care is a labor-intensive service; at least 75 percent of the cost of care consists of the cost of the caregiver. Clearly, no nation could afford to hire enough caregivers with B.A. degrees to meet all of its early child care needs. Furthermore, there is a growing awareness that a B.A. degree only indicates completion of an academic curriculum; it is not necessarily a very good indicator of the ability to work with young children. By contrast, the CDA certificate is based directly on the caregiver's performance in the classroom with young children. The CDA program helped pioneer the notion of performance-based certification in the United States. Other service professions, such as social work, are now considering performance-based certification.

As of September 1980, 6,691 men and women, 60 percent of whom are Head Start staff, had received the credential. An estimated 5,000 are waiting

to be assessed for the credential. Currently there are about 6,500 Head Start staff members in CDA-type training, provided in over 350 colleges and universities. In addition, 18 states, the District of Columbia and the United States Air Force have incorporated CDA competencies into their licensing requirements for caregivers. Recent studies, including the National Day Care Study by Abt Associates (1979), confirm that these caregiver competencies are associated with improved developmental and learning outcomes for children.

3. Model for Mainstreaming Preschool Handicapped Children

Head Start's experience with mainstreaming preschool handicapped children should prove useful to school systems and other community facilities attempting to serve these younger children. Although it is well known that the earlier the intervention the better with handicapped children, Head Start continues to be the largest program that includes sizeable numbers of preschool handicapped children on a systematic basis (Status of Handicapped Children in Head Start Programs, 1980).

While Head Start serves children with a broad range of handicapping conditions, the most common is speech impairment (53.2 percent). Other handicaps include those related to chronic illness (12.4 percent), serious emotional disturbances (7.3 percent), orthopedic disabilities (7.0 percent), mental retardation (6.6 percent), specific learning disabilities (5.6 percent), hearing impairments (4.0 percent) and visual handicaps (3.2 percent). Head Start also serves a substantial portion of children with multiple handicaps (Status of Handicapped Children in Head Start Programs, 1980). According to the results of a study by Applied Management Sciences (AMS) (1978b), compared with speech-impaired children not enrolled in any preschool program, children identified as speech impaired in Head Start and other preschool programs showed superior communication skills.

In addition, mentally retarded and physically handicapped children enrolled in preschool programs, especially Head Start, generally exhibited small but positive developmental gains in physical, self-help, social and academic skills compared to their handicapped peers enrolled in no preschool programs.

As a model for mainstreaming, Head Start offers experience in the recruitment of preschool handicapped children and in the training of staff to work with such children. According to the AMS (1978a) findings, Head Start services to handicapped children compare favorably to those of non-Head Start programs, even though the latter tend to have larger per pupil expenditures. Head Start has also developed eight program manuals to assist staff and parents in working with children with a variety of handicaps. Of special interest to any human service system attempting to help handicapped children and their families, 92 percent of Head Start programs designate a specific person to coordinate services for every handicapped child. For any parent who has ever tried to negotiate the maze of health, education and welfare services for a handicapped child, Head Start's coordinating role may be its most beneficial function.

4. Parent Education

Head Start's special emphasis on field work and on parent involvement distinguishes its unique parent education program from other designs. Emphasis on direct field work gives students the opportunity to apply first-hand experience to what they are learning in the classroom. The underlying philosophy of this approach has proven to be far more effective than that of the traditional textbook curricula. In addition, Head Start's basic philosophy—that parents are the primary educators of their own children—puts the whole concept of parent education in proper perspective. Head

Start's goal has not been to impose one supposedly "enlightened" method of child-rearing on parents, but rather to encourage parents to examine their attitudes about child-rearing and to expose them to a range of alternatives within a group setting.

5. Model for Family Initiatives

Head Start's major family initiatives offer models for serving families of all income groups more effectively, and embody many of the preventive care principles recommended by the President's Commission on Mental Health (1978).

The Parent and Child Centers (PCC), by providing prenatal care and early infant intervention services, offer a model for the prevention of many unnecessary birth defects and disturbances in parent-child relationships. The Home Start program's "home visitor" component offers a model for how to deliver services to rural or other hard-to-reach families.

Finally, the Child and Family Resource Program (CFRP) offers a particularly attractive model for coordinating services for families and young children. Based on a field study of 82 families in four centers, CFRP significantly improves family functioning. The General Accounting Office found documented gains in preventive health care and nutrition for young children, crisis intervention, correction of problems such as inadequate housing through referrals to existing agencies, and a general improvement in the overall quality of life (Report to the Congress by the Comptroller General, 1979).

The CFRPs have also been found to improve the delivery of a wide range of community services. Almost all (85 percent) of the 80 agencies interviewed reported that CFRP helped them do their job better. Moreover, about

one-quarter of the agencies reported that CFRP was responsible for spurring changes in service delivery (Development Associates, 1977).

6. Evaluation

From Head Start's inception, members of the program's planning committee insisted that Head Start include an evaluation component. At the same time, some of the founders of Head Start feared that research data, particularly psychological records and IQ scores, might be misused. When the findings of the Westinghouse Report almost led to the dismantling of Head Start, it appeared that these misgivings might be well founded. Yet, on balance, Head Start may owe its survival to its evaluation component. Through the assessment of individual service components and of the impact of the program on the children and families served, Head Start has been able to be accountable. By evaluating the feasibility of its demonstration projects, such as the Child and Family Resource Program, Head Start has prepared the groundwork for its own revitalization. In short, Head Start seems to embody the principles of a successful experimental social program recommended by Donald Campbell (1969). That approach involves trying out "new programs designed to cure specific social problems, in which we learn whether or not these programs are effective, and in which we retain, imitate, modify, or discard them on the basis of apparent effectiveness on the multiple imperfect criteria available" (p. 409). It is Head Start's evaluation component which allows the program to serve as a model for the nation's early child development programs.

III. Problems in the Head Start Program

While Head Start is a successful program, it has yet to fulfill its potential. One of the chief problems is that Head Start does not have sufficient staff, particularly at the regional level, to deliver technical

assistance to local grantees. Moreover, Head Start teachers continue to receive far lower salaries than their public school counterparts with comparable skills and experience. The quality of Head Start programs is further jeopardized by inflation, with many programs already showing severe cutbacks in the staff, hours and services offered.

Head Start has also as yet been unable to extend its services to many children and families who could clearly benefit from the program. Despite the strides made by the recent expansion effort, Head Start still serves only 20 percent of the eligible population. Moreover, while the demand for pre-natal and infant and toddler services has been rapidly escalating among the target population, the regular Head Start program continues to focus primarily on preschool children ages three to five.

Some of these problems reflect the dilemma facing all social programs with a conscience--namely, the need to serve children more effectively versus the need to serve more children. This dilemma dates back to Head Start's early history. Head Start was assembled rapidly. Indeed, when the members of the original steering committee began their work in January 1965, they did not believe it was possible to mount a national program in six months to serve 100,000 children. Yet, as it turned out, Head Start served 500,000 children that first summer! (Zigler and Anderson, 1979). Furthermore, while Head Start clearly owes its existence to the idealism of the 1960s, it has sometimes been a victim of the period's unrealistic expectations. In the mid-1960s compensatory education was not only expected to cut mental retardation in half (President's Panel on Mental Retardation, 1963), but also to solve the problem of poverty. In this climate of overoptimism, many good ideas--such as Head Start--were oversold. For example, the initial summer Head Start program might well have been expected

to accomplish many good things for children. But it was ludicrous to suggest--as some did--that a six- to eight-week program could innoculate children against poverty.

Paradoxically, some of Head Start's strengths are closely entwined with its weaknesses (Valentine, Ross and Zigler, 1979). As stated earlier, Head Start's greatest strengths are its comprehensive, multi-service approach; its parent involvement component; and its direct funding to local communities. Yet, at times, Head Start's comprehensive approach has created confusion concerning which goal should take precedence--increasing childrens' IQ scores and/or educational achievement, or improving their health and overall sense of well-being. Similarly, Head Start's parent involvement component, while central to the program's effectiveness, has sometimes led to questions of whether Head Start is first and foremost a program for children, or whether it is primarily an adult employment program. Finally, while local flexibility is undoubtedly one of the keys to Head Start's success, the resulting variations in local programs have also contributed to charges that Head Start lacks sufficient quality control.

A. Services Uneven

With respect to educational services, Head Start centers vary substantially. While for the most part Head Start's educational component has been found to be effective, there are individual programs which need improvement. According to one study of 141 children in five Head Start centers, the educational component can vary dramatically even within a single city (Huston-Stein, Friedrich-Cofer, and Susman, 1977).

According to critics of Head Start's educational component, some Head Start classrooms are too rigid, as if trying to force preschool children into a school-aged mold. Some Head Start teachers are said to place too much

emphasis "on structured tasks and behavioral controls often inappropriate for three- and four-year-old children" (Omwake, 1979). The Head Start day sometimes consists of a "relentless round of identifying shapes, matching colors, repeating the alphabet and counting to ten" (Omwake, 1979). Programs operated by the Board of Education or which employ only certified elementary teachers may be particularly prone to place heavy emphasis on working with numbers, colors, and words. Yet, it appears that highly structured preschool curricula do not necessarily foster independent task persistence or a child's motivation to learn (Huston-Stein et al., 1977). The long-term educational gains associated with Head Start and other preschool programs are more likely to result from a less structured classroom which permits a warm relationship between caregiver and child as well as the free participation of parents.

While criticizing the overly structured programs in some Head Start centers, we do not mean to endorse a Head Start day which consists of nothing more than children milling around. But is seems that both problems--the overly structured program and the milling around phenomenon--result from insufficient technical assistance and training. As we will discuss more fully below (p. 27), some local programs need more guidance from Head Start Community Representatives at the regional level on how to set up a program suitable for preschool children. In addition, it is time for Head Start to offer more incentives for caregiver training. Increased technical assistance and caregiver training--not the imposition of a standard Head Start curriculum--are the keys to ensuring that all Head Start programs offer the services which have proven so effective.

As stated earlier, Head Start has made tremendous strides through the CDA and Head Start Supplementary Training (HSST) programs in training caregivers.

Twenty-five percent of Head Start staff now have CDAs or B.A.s in early childhood education. Indeed, Head Start probably has better trained staff than any other publicly supported program for children except the public schools. Nevertheless, after 15 years, Head Start needs a plan to ensure that more of its staff receive this valuable training. Several obstacles currently limit Head Start's progress in training the remainder of its caregivers. First, funding for training programs has been problematic, with the result that training funds for adults have often had to compete with children's budgets (Omwake, 1979). Recently, the CDA program suffered a 10-month hiatus, obstructing the assessment and credentialing process for thousands of caregivers. Finally, perhaps the chief obstacle to increased training among Head Start caregivers has been the lack of financial incentive. Except for Head Start programs run by Boards of Education, salaries for Head Start teachers run about 25 percent to 50 percent lower than those for comparable teaching positions. This wage discrepancy is only partially explained by the fact that Head Start staff tend to have less formal education. For example, according to the Kentucky Wage Comparability Survey, even with a B.A. degree, the average Head Start teacher earns $4.83 per hour while the non-Head Start teacher earns $6.46 per hour (Training and Technical Assistance Services, 1980). The major reason for the wage difference is that Head Start staff have not received wage increases commensurate with their experience. Head Start workers only receive an average $.34/hour increase when they move from one job category to the next, whereas non-Head Start agencies offer an average $1.25/hour increase when an employee moves up a category (Training and Technical Assistance Services, 1980). In fact, at least in Kentucky, Head Start workers have received far less than cost-of-living increases and as little as 0 percent, 1.1 percent, and 3.9 percent raises within the recent past. Given the lack of salary incentive, it is

surprising that training programs have progressed as well as they have. Head Start workers might well complain that, with or without training, they have been in effect subsidizing the federal government.

While variations in the educational quality of Head Start are probably the best known, Head Start centers also vary in the strength of their other service components, such as health care. For example, according to Head Start Performance Indicators, the percentage of children receiving complete immunizations ranges from a low of 59 percent in Region IX to a high of 83 percent in Region IV. Medical screening ranges from a low of 69 percent of children in Head Start in Region IX to a high of 90 percent in Region II (National Institute for Advanced Studies, 1980). One hopeful sign is the ACYF's development of the Head Start Performance Indicators which, by documenting regional, state and individual program variations in performance, may facilitate improvements where they are most needed.

The quality, or at least the quantity, of parent involvement also appears to vary significantly among Head Start programs. Community Action Agency (CAA)-operated programs, which comprise about 60 percent of all grantees, generally receive favorable marks for their parent participation component. However, Head Start staff frequently complain that Board of Education-sponsored programs are particularly weak in encouraging parent involvement.

B. Shifts in Program Administration

Confusion over Head Start's goals--whether it is primarily an educational program, or a program to combat poverty, or a broader-based family support program--have been reflected in the program's administration. Head Start was first assigned to the Office of Economic Opportunity, where it was viewed primarily as an anti-poverty program. Under the Nixon Administration,

Head Start was transferred to HEW, and delegated to a new agency, the Office of Child Development (OCD). OCD, now renamed the Administration for Children, Youth and Families (ACYF), remains the only federal agency specifically delegated to focus on the needs of children within the context of their families. As such, ACYF is the proper sponsor for Head Start, which from its outset was intended to focus jointly on children and their families. ACYF also facilitates direct federal funding to local communities, another crucial feature of Head Start.

Recently, however, Head Start has been threatened by yet another administrative uprooting--a move to the new Department of Education. There have also been disturbing rumors that Head Start's administration might be shifted to state welfare agencies.

The dangers of putting Head Start under the Education Department's umbrella are substantial. While the key to Head Start's effectiveness has been its parent participation component and its comprehensive approach, the track record of educational agencies in both these areas has been less than impressive. As stated earlier, the education-sponsored Title I programs have had difficulty mounting a strong parent involvement component. At the local level, there remains disturbingly little evidence that educational agencies have much interest in parent involvement. According to Head Start regional directors, Boards of Education frequently are rejected or do not even apply to be Head Start grantees because they do not think they can conform to Head Start's parent participation guidelines.

Similarly, while Head Start currently represents the only viable link for many economically disadvantaged children to improved nutrition, dental care and the correction of many health deficits, educational agencies have been weak on the delivery of health services. A transfer of Head Start to a strictly

educational agency would tend to narrow the program's focus, emphasizing the educational component at the expense of health and social services. Furthermore, a transfer of Head Start to the Department of Education would also jeopardize Head Start's career ladder for paraprofessionals and its emphasis on competency-based training for the care of young children. While many school teachers may have the potential to be excellent Head Start teachers, the fact of having taught school in and of itself does not qualify a person to work with preschool children in a family-centered program.

Finally, this committee can see no good reason to tamper with an administrative arrangement that works. Over 59 percent of Head Start grantees are now Community Action Agencies; less than 11 percent are Boards of Education; and most of the new grantees are traditional family service agencies. The possibility of an arranged marriage between Head Start and federal and state educational departments is therefore awkward, to say the least.

Proponents of Head Start's transfer to the Department of Education rightly point out that there is currently insufficient continuity between Head Start programs and the public schools. Yet there is no evidence that placing Head Start under the jurisdiction of the Department of Education would increase the continuity. While proponents argue that the addition of Head Start to the Department of Education might change the direction of the department, it is more likely that Head Start would get lost in a morass of preschool programs with far different social goals. According to Children's Defense Fund director, Marian Wright Edelman (1978, p. 322), the argument that Head Start could transform the Department of Education "assumes that a $735 million program will create the bureaucratic leverage to reform a $17 billion department supporting a $90 billion public education system."

Just as it would be a mistake to transfer Head Start to a strictly educational

agency, it would also be a grave error to shift Head Start's administration to state welfare agencies. Compared with many children's programs administered by state welfare departments, Head Start has a far better track record in terms of parent involvement, career development, and the range and quality of services actually delivered to children.

To re-route Head Start funds through the state welfare bureaucracy would only insert another costly layer of red tape between the program's national administration and the people actually served by Head Start. Administration by state welfare agencies would also tend to undermine Head Start's volunteer component. Unlike many public welfare programs, Head Start has been successful in attracting significant contributions of volunteer time and services at the local level. Any change in Head Start's administration which involves a shift away from direct federal funding to local communities will not only increase the red tape; it will also introduce an element of distance and impersonality which will jeopardize the very strengths, such as parent involvement and volunteerism, which make Head Start a successful program.

C. Managerial Resources Too Limited

Increased attention should be paid to strenghtening Head Start's managerial resources. While in recent years the national staff has developed some important new tools, such as the Head Start Performance Indicators, the program's management still needs strengthening, particularly at the regional level.

The actual number of Head Start administrators at both the national and regional levels has declined significantly since 1970. The ceiling on national ACYF staff has declined by one-sixth since 1975. Regional staff has declined by at least 25 percent since 1970. Moreover, this decline in administrative staff numbers occurred at the very same time that the program was receiving

its first significant expansion funds in 12 years and needed more staff to prepare for the expanding enrollment (Report to the Committee on Appropriations, 1980).

Understaffing is particularly critical at the regional level, where Community Representatives suffer a significant case overload. Community Representatives, the regional staff members assigned to advise and monitor local grantees, are perhaps the single most important link in assuring that local Head Start programs actually deliver the services mandated by Congress. Yet, the average Community Representative handles as many as 13 or 14 grantees, and many of these grantees in turn cover programs in as many as 14 counties. It is difficult for many Community Representatives even to visit programs once a year, much less monitor or assist grantees in a manner which would be really helpful, according to Clennie H. Murphy, Jr., who coordinates the regional offices at the national level. Given the high number of multi-county grantees, Murphy says a caseload of seven or eight would be more realistic. Furthermore, many Community Representatives lack the training in child development needed to assist local grantees, and, given the case overload, there is little time for them to obtain this training on the job.

At the national level, there appear to have been substantial efforts to improve Head Start's management information system (HEW Response to the Report to the House Appropriations Committee on Head Start Funding and Administration, 1980). Nevertheless, at the regional level, Community Representatives have neither the time nor the training to make this system really work. Head Start simply does not have the staff to translate the information gained from program monitoring into actual program improvements. In addition, while Head Start has developed procedures for assessing the health and social needs of

the low-income population in local communities, Community Representatives do not have the time to assist local programs effectively in conducting this community needs assessment. As a result, a much needed tool for estimating the current and future needs for Head Start in individual communities has yet to be fully implemented. Finally, there remains a need to specify job requirements as well as minimum acceptable salaries for Community Representatives and other regional staff who exercise considerable influence over the quality of Head Start programs.

D. Impact of Inflation

1. On Program

While insufficient managerial resources may jeopardize Head Start's effectiveness, inflation is by far the most serious threat to continued high program quality. The expenditure per child of Head Start services expressed in constant 1967 dollars has declined from $835 in 1976 to $813 in FY 1980. A further drop to $784 is projected in FY 1981 ($2,082 per child in current dollars adjusted for 12 percent inflation rate) (The Impact of Inflation Memorandum, 1980). As a result, many grantees have been forced to reduce some service components which are integral to Head Start's success.

Head Start's favorable staff-child ratio, one of the keys to program quality, is clearly suffering from inflation. Originally, Head Start programs limited classroom size to 15 children, with one teacher or parent aide for every five children. Now ACYF staff estimate that classroom size averages about 20 to 21 children, with one teacher and one aide, or approximately a 1:10 ratio of paid staff to children. Furthermore, with 12 percent of Head Start's enrollment now consisting of handicapped children,

Head Start staff are not only dealing with more children, but with more children with special needs. To cut program costs, some grantees are also reducing the number of hours and months of service. While a later section of this report will note recommendations that Head Start expand hours to serve more children of working parents, the fact of the matter is that many so-called full-day Head Start programs have been forced to reduce the six hours they were previously in operation.

Inflation is also worsening Head Start salaries. Head Start teachers receive an average salary of $6,865 a year, with a very high percentage receiving minimum wage. With cutbacks in services, Head Start salaries may drop even lower, with many on the staff going on unemployment when the program is not fully operating. Cutbacks already appear to have increased staff turnover. In 1972 Head Start staff turnover was 15 percent annually; at present it is estimated in excess of 20 percent. Nationwide, a FY 1980 study of the turnover among Head Start directors revealed that one-third leave annually (Impact of Inflation Memorandum, 1980). Excessive staff turnover not only disrupts the child's continuity of care; it also increases staff training costs, since newly trained staff frequently leave for better paying jobs.

Finally, inflation has greatly increased the cost of transporting children to and from the Head Start center. Transportation costs are further escalated by the implementation of higher safety standards at the state level, and the inclusion of handicapped children who have special transportation needs. To offset these rising transportation costs, some grantees are narrowing the geographic area which they serve. As a result, some of the rural and isolated families who most need Head Start are excluded from the program.

In short, while other sections of this report recommend improvements and new directions for Head Start, local program officials complain that they are already being asked to do too much, given the present rate of inflation and only modest funding increases.

2. On Families

Inflation not only reduces the resources of the Head Start program; it also has profound effects on the Head Start families themselves. In effect, these families pay twice for inflation: program resources are limited at the same time that families' needs for supportive services are rising due to the strain of inflationary effects.

Clearly, the poor can ill afford inflation. Middle- and upper-income salaries are much more apt to keep pace with inflation than are those in marginal or low-income jobs. Moreover, during difficult economic times, low-paying jobs are often the first to be eliminated. Low-income families are less apt to own a home or qualify for a mortgage, which would offer a hedge against inflation. In addition, transfer payment increases (welfare, unemployment compensation, etc.) trail behind price rises during inflation. With sustained inflation, low-income households fare even worse (Minarik, 1979).

When unemployment is added to inflation, the impact on the poor is even more devastating. A one percent increase in national unemployment translates into a 4 percent increase in unemployment for low-income groups. Moreover, transfer payments replace only 31 percent of pretax earnings loss for low-income families (Gramlich, 1974). Clearly, unemployment and inflation hit poor families the hardest.

E. Population Underserved

Largely as a result of budgetary constraints, Head Start still, after

15 years, serves only 20 percent of the eligible children. In fact, despite its record of proven effectiveness, Head Start has received only one major funding increase in the last 12 years.

As a result of this $150 million fund increase in FY 1978, Head Start made some important first steps in increasing the number of low-income children and families served. Enrollment increased by over 67,000 children, raising the percentage of eligible children served from 17 to the current 20 percent. Fifty new grantees were added, and 102 counties received Head Start programs for the first time. In addition, 23 new projects were introduced in Indian reservations and native Alaskan communities. Head Start services to children of migrant farm workers doubled, with special projects being introduced in 90 counties where services to migrant children were previously unavailable (HEW Response to the Report to the House Appropriations Committee on Head Start Funding and Administration, 1980). The guiding principle of this expansion effort, as established by Congress, was to target Head Start resources in areas where there were the greatest number of poor children unserved.

Nevertheless, the impact of the expansion effort has been lessened by inflation. In planning for the expansion, Head Start officials could not anticipate the extraordinary increase in the rate of inflation. Thus, while in accordance with a Congressional formula 23 states received much needed increases in Head Start funds, other states received only a 6 percent cost-of-living increase--not enough to keep pace with inflation. Since 1978, some states have been even more hard pressed to stretch dollars to serve the children already enrolled (Report to the Committee on Appropriations, 1980). As a result, while there has been a net gain in the children served in Head Start, some states have had to cut back on the hours of service, if not the number of children actually enrolled.

F. Changing Demographics

Budgetary constraints have not only limited Head Start's ability to serve more eligible children; they have also prevented Head Start from keeping pace with the changing characteristics of the target population. At a time when demand for services for children from the prenatal period through age three is escalating rapidly, the basic Head Start program continues to focus on children ages three to five. It is not that Head Start lacks the knowledge or the expertise to reach out to younger children. On the contrary, Head Start's experimental initiatives not only demonstrate the program's effectiveness in working with infants and toddlers and their parents; they also demonstrate the vital importance of beginning service to children at this younger age. Thus, it is budgetary constraints which not only prevent Head Start from serving more of the eligible target population, but also keep the program from reexamining the characteristics of the target population itself.

Similarly, due primarily to budgetary constraints, Head Start services have not been able to keep pace with the increase in single-parent and two-parent working families. Full-day Head Start programs have declined from about one-third of the participating programs in 1972 to about 15 percent in 1979. In other words, Head Start has been moving away from meeting the day care needs of the working poor at the very time that the labor force participation of women with preschool children has been increasing rapidly.

Over 40 percent of all women with children under age three now work outside the home, and the labor force participation rate is far higher among poor and minority women. Of black women with children under age three, 50.9 percent now work, according to Labor Department statistics for March 1979. Nor is the trend toward young mothers' labor force participation apt to decline. Only one in

four married women will be a full-time housewife and mother by 1990 (Smith, 1979). The number of preschool children who have working mothers is expected to increase from 6.4 million to 10.5 million, producing a critical strain on all child care facilities.

Thus, the reduction in full-day Head Start programs seems out of step with the increase in single- and two-parent working families. In addition, local program directors and staff complain that Head Start's income eligibility guidelines are too low, particularly in high welfare payment areas or where there are large numbers of working poor. The lack of full-day care, combined with the low eligibility guidelines, may discourage the working poor from seeking entry into Head Start. While precise statistics are difficult to obtain, ACYF officials estimate that the proportion of working parents is somewhat lower among Head Start families than among the low-income families not served by Head Start.

Finally, Head Start's recruitment efforts may deserve renewed attention. In the absence of additional funds, it is understandable that Head Start not attempt to recruit more children than it can ever attempt to serve. But informal conversations with Head Start directors--the people who really work with children at the local level--suggest that there is a need to strengthen efforts to recruit the children and families with the greatest needs. These are the families most overcome by the assaults of poverty, ill health and poor housing; they are also the families least able to seek out Head Start on their own.

Head Start recruitment practices should also take into account the racial and ethnic composition of the target population in the particular community served. To date, there is no evidence that Head Start is erring on this score. The racial/ethnic composition of Head Start seems roughly in line with that of the preschool population among poverty families nationally: 41 percent black, 34 percent (non-Hispanic) white, 19 percent Hispanic, 3.9 percent American Indian and 1.3 percent

Asian. However, with the influx of Spanish-speaking and Asian immigrants, many of whom may face at least temporarily severe financial problems, Head Start services--in the absence of new funds--may be strained. Our concern is that efforts to help one group of poor people not do so at the expense of another group of equally poor people.

IV. Policy Options for the 1980s

The principal policy challenge facing the Head Start program is how to respond to changing demographics and serve more of the eligible population while at the same time protecting program quality. Both efforts are essential if Head Start is to exercise its proper leadership role for child and family programs in the 1980s.

As one of the few social programs proven to "work," expansion of Head Start is certainly warranted. Given Head Start's record of success, it is unfair to limit Head Start to only 20 percent of the eligible population. Moreover, it is time to implement some of Head Start's experimental family initiatives in the regular Head Start program. It seems both unwise and arbitrary to continue to limit the main thrust of the Head Start program to the three- to five-year-old age group. At the same time, in this period of inflation, we must examine policy options carefully. Apart from the obvious concern as to how much of any Congressional increase for Head Start in the next five years will be wiped out by inflation, there are additional questions regarding priorities for expansion: How fast can Head Start expand, how far can service dollars be stretched without jeopardizing the quality or uniqueness of the program upon which its demonstrated gains are based?

In considering these policy options, we are guided by the following principles which we consider crucial to Head Start's effectiveness: (1) Parent involvement has proven integral to the success of Head Start and should not be compromised;

(2) Head Start is a comprehensive, multi-service program and should never be reduced to a program with more narrow educational goals; (3) The quality of any child care program can be no better than the quality of the interaction between caregiver and child; (4) Head Start's flexibility seems to depend on direct federal funding to communities; (5) Head Start must continue to respect racial/ethnic identities and strengths; and (6) Head Start must strive to be cost-effective. While this committee's recommendations were strongly influenced by cost considerations, we did not have the time or the resources to conduct thorough cost analyses. In the absence of such hard data on the relative costs of various policy options, our recommendations are of necessity less specific than we would like.

V. Recommendations

Based on our review of Head Start's strengths and weaknesses, we call for some immediate steps to protect the Head Start program, followed by a period of controlled expansion. Our first priority is to protect Head Start's quality, because a tokenistic serving of more children would be a disservice to program participants and taxpayers alike. To maximize Head Start's effectiveness will require some new efforts along with other steps which have long been needed. Our second priority is a period of controlled expansion, involving a minimum of a two percent increase in the percentage of eligible children served per year; that is, 36,000 children added each year. In addition, Head Start should build on its experience of the last 15 years to strengthen the program's family orientation. The basic Head Start program should begin to incorporate the features of its successful demonstration programs, such as the Child and Family Resource Program. That is, Head Start should break free of its current limitation to serving three- to five-year-olds and begin to reach out to younger family members as well.

It makes no sense to wait until a child is age three to make sure he or she has the proper nutrition. Child development is continuous, and Head Start should incorporate this basic principle into its approach to serving children and families. Finally, it is time for Head Start to build on its already informal role as a coordinator for family services and a catalyst for neighborhood change.

A. Protect Program Quality

1. Protect Against Inflation

a. Implement Revised Head Start Performance Standards

At the least, funds should be provided to bring Head Start programs into conformity with the proposed revised Head Start Performance Standards, which reassert acceptable staff-child ratios and class sizes. The proposed standards also update the 1975 Head Start Performance Standards by incorporating provisions for handicapped children, home-based programs, migrants, and Parent and Child Centers. In addition, information from the Head Start Performance Indicators should be followed up to determine why some programs fall behind in their delivery of health and other services. All regions should receive adequate budgets for the delivery of medical examinations, dental care and immunizations.

b. Explore Options for Funding Special Services

Special attention should be given to the problem of increased transportation costs. The Department of Transportation, which already makes some funds and expertise available to the states for upgrading transportation safety, should be asked to help Head Start. Consideration should also be given to the possibility of utilizing PL 24-142 funds for the transportation of handicapped children to Head Start. Transportation is only one example of a service needed by Head Start children but which need not be financed by Head Start alone. Further utilization of the Medicaid Early Periodic Screening, Diagnostic and

Testing (EPSDT) program and the Child Care Food Program administered by the U.S. Department of Agriculture should also be pursued.

2. Incorporate More Trained Caregivers; Begin to Raise Caregiver Wages

As we have stated, the single most important index of program quality is the relationship between caregiver and child. Thus, we believe that caregiver training--and the proper incentives to obtain that training--are the keys to ensuring that all children in Head Start receive effective services.

a. Require Training Credential

Specifically, we recommend that at least one teacher in every Head Start classroom be required to have some form of nationally recognized child development credential whereby caregivers must demonstrate their competency to work with young children. An example of such a credential is the Child Development Associate (CDA). Caregivers who currently work in Head Start and do not have such a credential would be required to participate in some form of competency-based training which leads to a credential. This proposed requirement for Head Start caregivers is in line with those in the revised Federal Interagency Day Care Requirements (Federal Register, 1980).

b. Provide Cost-of-Living Increases, Salary Incentives, and Employee Benefits

Equally important, any new caregiver training requirements must be accompanied by greater financial incentives for training. Head Start salaries must offer salary increments to reflect completion of training. While the program can never afford to pay public school teacher salaries to all staff, Head Start must offer cost-of-living increases and salary incentives more commensurate with the staff's training and experience. At the least, Head Start staff should never receive less than the Department of Labor's estimated low-income budget for a family of three. In addition, Head Start staff should receive retirement

benefits and health insurance coverage. It is a disgrace that so many Head Start staff members have had to do without such standard employee protections as health insurance and retirement benefits for so long.

3. Increase Program and Managerial Resources

a. Specify Job Requirements and Minimum Salaries

At the national and regional levels, Head Start should be given the resources necessary to administer and monitor a program of its stature. After 15 years of experience, it is also time for Head Start to specify job requirements and minimum salaries for every administrative position at each level of the program.

b. Improve Data Collection and Feedback to Local Programs

At the national level, while there has been significant progress in improving management information systems, there is still a need for improved data collection on the actual characteristics of the eligible population for Head Start, both served and unserved, in order to guide program planning efforts. Improvements in data collection will require some increased staff support at the national level, but will depend largely on better implementation of information-gathering techniques at the regional level. In addition, greater emphasis should be placed on translating the data gained from program monitoring into actual program improvements. The development of this type of feedback at the national level would greatly help guide regional administrators and local grantees.

c. Reduce Caseload and Improve Training for Community Representatives; Upgrade Technical Assistance

At the regional level, the number of Community Representatives should be gradually expanded so that these crucial staff members have a manageable caseload of grantees. Job requirements should specify that Community

Representatives have training in child development and administration, as well as some direct prior experience with the daily operation of Head Start or other early child care programs. Salaries should be commensurate with those for persons with similar responsibilities and credentials in the community. Funds should be specifically budgeted for training for Community Representatives. Training should include instruction in how to help Head Start grantees and directors in areas such as management, planning, cost control, monitoring, caregiver training and accounting. Community Representatives also should have an opportunity to learn data collection procedures in order to assist local programs in properly assessing the need for Head Start in their communities. It is only an improved community needs assessment which can help Head Start tailor its program planning to suit community and family needs.

Provisions should be made for instructing regional staff on how to implement any policy changes made at the national level of the program. Finally, while some observers have proposed that the Community Representatives' functions be consolidated with those of the Grants Officer (Report to the Committee on Appropriations, 1980), we strongly oppose this proposal. Given the fact that Community Representatives already suffer a case overload in advising grantees on program and technical matters, it would be most unwise to demand that they supervise financial management as well.

4. Legislate Head Start's Permanent Status in ACYF

When the administration calls on Congress to extend Head Start for five years, it should also ask that the legislation provide that Head Start has permanent administrative status in ACYF within HHS. Head Start has fared well under ACYF's auspices, and a transfer to the Department of Education would jeopardize Head Start's greatest strengths--its parent involvement

component; its comprehensive, multi-service approach; and its responsiveness to local needs. Head Start must continue to focus jointly "on the problems of child and parent," as its founders intended (Recommendations for a Head Start Program, 1965). Furthermore, Head Start should remain a community-based program, with communities receiving funds directly from the federal government. It is likely that any change in the Head Start administration which involved routing funds through either the state educational or welfare systems would violate the basic tenets of the Head Start concept.

B. New Directions

1. Plan for Future Expansion in Enrollment

a. Increase Percentage of Eligibles Served a Minimum of Two Percent Per Year

As we have stated, our first priority is to consolidate improvements in the program and to protect the program against inflation. However, in anticipation of the nation's future economic recovery, Head Start should also begin planning for a controlled expansion to serve more of the income-eligible children, with a minimum of a two percent expansion per year beginning in FY 1982. This would amount to an annual expansion of 36,000 children.

As has been amply demonstrated, Head Start significantly improves the health and educational performance of the children enrolled. Its benefits far outweigh its costs. To limit such a program to only 20 percent of the eligible population is as unwise as it is unjust.

b. Strengthen Recruitment of Families With Greatest Needs

Head Start should continue to focus on services to low-income families and their children; in fact, the program should strengthen its efforts to reach out to the poorest families and to those children in greatest need.

Although we are sympathetic to the concern that programs targeted at low-income persons are inherently stigmatizing, we think Head Start's

record of success helps to alleviate this concern. Furthermore, this critique of Head Start is based on the erroneous assumption that the poor are homogeneous. In truth, Head Start already serves a heterogeneous group of children. To quote a Connecticut Head Start director, "To be poor does not mean you are stupid; it just means you don't have any money."

At a time when Head Start serves only 20 percent of the eligible low-income population, it would be unwise to change the program's socioeconomic (so-called "90-10") mix to serve more children from middle-income families. To a greater extent than any other institution in American society, Head Start has acquired the knowledge and trust of the nation's families in need. It has also earned the respect and confidence of the nation as a whole and its leaders. Thus, in the period of unavoidable economic retrenchment which lies ahead, Head Start is in a unique position to identify and to act as the nation's advocate for the families who suffer most from the assaults of poverty.

Head Start should, however, consider raising the income eligibility requirements for the program in areas of the country where welfare payments are high or where there are large numbers of working poor. That is, while Head Start should continue to focus on low-income families, its income eligibility limits should make allowances for inflation and regional variations in the cost-of-living.

2. Build on Family-Centered Programs: Head Start as a Family Resource Center

Head Start should begin to implement some of the valuable lessons gained from its demonstration family initiatives in the regular Head Start program. Not only is it arbitrary to focus on a target population of children ages three to five, but there is also multiple evidence that Head Start is most effective in working with the "whole" family. Head Start already has an

attractive model for extending its family-centered approach, namely, the Child and Family Resource Program (CFRP). The CFRPs, which currently exist in 11 communities across the nation, have been highly praised by the General Accounting Office (Report to the Congress by the Comptroller General of the United States, 1979).

In the judgment of this committee, Head Start should begin to incorporate the features of the successful Child and Family Resource Program (CFRP) into the regular Head Start program. That is, based on the CFRP model, a Family Resource Center (FRC) component should be phased into the regular Head Start program (A Proposal for Head Start Family Resource Centers, 1980). Over the decade of the 1980s, Head Start centers would gradually begin to provide the services now offered by 11 CFRPs. Head Start programs would continue to offer the basic program for three- to five-year-olds; but, in addition, they would gradually provide or help link families to more services aimed at the prenatal period through age three. Head Start programs would also provide more follow-up for children in the early school years. Through the FRC component, families in each Head Start center would have access to a family advocate, who would work to establish a close, trusting relationship with each family. Implementation of a FRC component in the regular Head Start program would also serve to underscore Head Start's already informal role as a coordinator and broker for other community services (A Proposal for Head Start Family Resource Centers, 1980). In short, with the addition of the new FRC component, Head Start would serve as a "one-stop" center for child and family services. We believe that the introduction of the FRC component into the regular Head Start program offers the best way to build on existing community resources, to promote continuity with other agencies and schools, and to expand Head Start's targeted age group both

downward and upward without destroying the integrity of the Head Start program.

a. Extend Services to Children Under Three

Specifically, extension of the family-centered concept would allow Head Start programs to pay greater attention to prenatal and toddler services, particularly for the children of teenage parents. Head Start FRCs could build on the Parent and Child Center concept, increasing outreach to teenagers during pregnancy or immediately after the birth of a child. Head Start's highly successful nutrition component could thereby be extended to the prenatal and immediate postnatal period, a time where good nutrition has its greatest impact on the child's development. The PCC design could also be modified to provide infant day care for the children of teenage parents, with ongoing research to determine the effects of such care. The controversy over the effects of infant day care continues. Head Start, with its history of innovation accompanied by evaluation, would offer an ideal setting in which to provide much needed quality infant care and at the same time supply research findings to help guide national policy on this important issue.

b. Provide More Assistance to Children of Working Parents

1. Explore Options for Full-Day Care

The Family Resource Center concept would also encourage Head Start to explore more options for providing full-day care for the children of single- and two-parent working families, who compose a large proportion of the poverty population. Here we recommend that a Task Force be established to explore options for providing more full-day care to Head Start children who need it.

The relationship between Head Start and day care has always been problematic. On the one hand, there are many working parents eligible for Head Start who need full-day care for their children. At the same time, the current Head Start budget is not sufficient to meet the full-day care needs of the families enrolled, much less of all those families eligible for the program.

Consideration should be given to increasing the percentage of full-day Head Start programs, which have declined from roughly one-third of the grantees to only 15 percent since 1972. According to the best estimates available, the addition of afternoon care to the morning Head Start program would cost somewhere in the range of $300-$500 per child per year. If so, working parents themselves might be able to help finance the cost of afternoon care at the Head Start center on a sliding scale fee basis.

Another possible solution is the mixed model, whereby children attend Head Start in the morning and day care financed through other sources or programs in the afternoon. In some areas, Head Start is already linked with other child care programs, and there is a need for greater documentation and utilization of information on the local programs which have successfully coordinated Head Start and day care funding. For example, one possible model is the Denver Child Opportunity Program, which operates in multiple sites throughout the city and coordinates Head Start, day care, infant and toddler care, before- and after-school care, and crisis care for children from infancy through age 16. The program is funded by Title XX, IV-B child welfare funds, and Project Head Start. In another possible model, children attend Head Start in the morning and satellite family day care in the afternoon, with the latter in some cases staffed by parents of Head Start children.

In summary, we doubt that there is any single mechanism for increasing access to full-day care for all the Head Start families who need it. But in considering the possible options, the proposed Task Force should keep in mind that a young child profits from continuity of care. Thus, if Head Start cannot directly provide full-day care for all the participating children who need it, Head Start should nevertheless strive to ensure that children receive as much continuity of care as possible. Furthermore, the proposed Task Force should aim to remove any bureaucratic obstacles to mixing Head Start and Title XX day care funds. Public programs should be shaped to suit people, not people to suit programs.

2. Provide Economic Counseling

In addition to paying more attention to the child care needs of working parents, Head Start should offer more assistance to parents in the day-to-day tasks of providing for a family. As we have noted, inflation and unemployment hurt the poor most. Now more than ever, there is a need for Head Start to provide employment counseling or refer parents to a place where they can obtain it. In addition, Head Start should include economic counseling among its list of comprehensive services. While economic counseling is no panacea for the assaults of poverty, it can help parents cope with the daily tasks of survival.

c. Develop Self-Help Approach

Head Start should also introduce a self-help group component for families. At its best, as the Kirschner Report (1970) showed, Head Start has always functioned as a catalyst for individual and social change in communities. Head Start should now build on this experience through developing self-help groups, where a home visitor or family advocate works with a number of families, who in turn set up their own groups to work for neighborhood change.

According to the experience of "Family Matters," the Cornell project under the direction of Professor Bronfenbrenner at Syracuse, a home visitor can promote enough self-confidence among parents so that they form their own self-help groups, with the leadership coming from the group itself, not the home visitor (Bronfenbrenner, Cochran and Cross, 1980). The home visitor can also function as a sort of travelling information and referral system for families. Head Start already has experience with home visitors through its Home Start model. Setting up self-help groups would simply be an extension of the home visitor's activities, under the rubric of the proposed Family Resource Center.

d. Expand Preventive Health Measures

1. Introduce Nutrition Component Earlier

Through the Family Resource Center, Head Start could also put even greater stress on preventive health services. Head Start's successful nutrition component should be extended to pregnant mothers--particularly pregnant teenagers--and to the younger siblings of the children currently enrolled in Head Start programs. Strong interagency cooperation between Head Start and U.S. Department of Agriculture (USDA) programs should be maintained and enhanced wherever possible. In addition, in accordance with the goal of reaching out to families with children under three, Head Start should begin planning for participation in the Women, Infants and Children (WIC) program. Such collaborative efforts are not only cost saving, they also help to preserve the quality of services provided through Head Start.

2. Implement Accident Prevention Program

The Family Resource Center would also provide a natural base for administering accident prevention programs for children in Head Start and perhaps other early child care programs in the community. An accident

prevention plan for Head Start has recently been reviewed by the Surgeon General of the United States (Harmon, Furrow, Gruendel, and Zigler, 1980). The Public Health Service and ACYF are working cooperatively on a variety of efforts related to accident prevention. In light of the fact that accidents are known to be the number one killer of children in the United States, this committee endorses these efforts to establish an accident prevention program in general, and that portion applying to Head Start in particular.

e. Strengthen Continuity With Schools

As we have stated, this committee opposes transferring the administration of Head Start to federal and state educational agencies. Head Start should never become a sort of junior kindergarten, under the sole jurisdiction of the public schools. Nevertheless, much more attention should be devoted to fostering better linkages between Head Start and the public schools.

Based on preliminary analyses of data, ACYF is finding some encouraging results from Project Developmental Continuity (PDC). Compared to parents of Head Start children who do not attend PDC schools, the parents of Head Start children enrolled in this follow-up program do appear to be more actively involved in their children's school lives. PDC also appears to be associated with less structured classrooms, and greater efforts on the part of teachers to foster home-school continuity (Project Developmental Continuity Evaluation, 1980). This committee recommends that the results of this evaluation be followed closely, so that some of the components of the PDC demonstration project can be promoted by the regular Head Start program in other communities. In addition, at the regional level, Head Start should ask Community Representatives to share information about communities where good relations do exist between the schools and Head Start.

The program might then be able to draw on these experiences as a model for improving Head Start-school linkages in other communities.

1. Sponsor Joint Workshops

Head Start might also consider offering joint summer workshops for elementary school and Head Start teachers. These workshops could help Head Start teachers learn how to acquaint parents with school registration and other procedures. The workshops could in turn acquaint elementary school teachers with Head Start's philosophy of parent involvement and its comprehensive approach. Finally, the workshops would provide an ideal setting for Head Start and school teachers to pool experiences on the mainstreaming of handicapped children.

2. Strengthen Contacts Between Head Start Parents and the Schools

Head Start should also follow closely the progress of the school-home project being developed by Bronfenbrenner, Cochran and Cross (1980) as part of an ecological study in Syracuse, New York. A school-home Task Force has been developed to improve the exchange of information between school and home. The Task Force will examine the schools available to families in various neighborhoods, review the existing agencies in the community working with schools and parents around school issues, and distribute a school fact sheet to all families with children entering school in September 1980. With the cooperation of the schools, the project's school-home component will provide each participating family with advance information about school registration and inform the school of the child's impending entry. In addition, meetings will be encouraged between the child's parents and teacher prior to school entry. Finally, the school-home Task Force will solicit information from school personnel on ways in which parents can facilitate the child's adaptation and learning in school (Bronfenbrenner, Cochran and Cross, 1980).

Some of these steps to build bridges between parents and schools might well be picked up by Head Start centers, particularly if our proposal for implementing the Family Resource Center concept is adopted. The appeal of the school-home project is that it appears to be based on a team approach. Without a sense of mutual respect on the part of both Head Start and public schools, no real progress toward strengthened continuity between the two programs can be expected.

f. Broaden Pool of Volunteers

1. Include More Family Members

Head Start should also reinvigorate its volunteer effort. Volunteering has always been a central component of Head Start. As we have seen, about two-thirds of Head Start parents provide at least some form of volunteer service (National Institute for Advanced Studies, 1980). However, to date, "parent" involvement has largely been limited to "mother" involvement in Head Start. In view of the increase in working mothers, Head Start may need to broaden its pool of volunteers to include other family members--fathers, teenage brothers and sisters, grandparents, or any family member closely involved in the care of the child enrolled. Expanding the concept of volunteer to include other family members would not only help supplement Head Start's paid staff, but would also help make Head Start a more family-centered program.

2. Develop Volunteer Corps

Consideration should also be given to the development of a youth volunteer corps and a senior citizens' volunteer pool to help supplement Head Start staff. Youth volunteers would receive credit in parent education courses in their junior high or high schools. If volunteers work frequently and consistently enough to offer continuity of care to the children enrolled,

Head Start should also reconsider the possibility of including these volunteers in the staff-child ratio.

Recognizing the importance of volunteers in the Head Start program, a director should be appointed at the national level to supervise all volunteer recruitment efforts and activities.

C. Next Stage of Evaluation

1. Explore Which Program Features Help Which Families

Head Start's evaluation component has amply demonstrated the program's effectiveness. But now there is a need to move on to finer stages of analyses. The next stage of evaluation is to look more closely at which program features work for which types of families and children. This type of assessment is needed to guide program planning efforts, and to help Head Start offer the most cost-effective match of services to families.

2. Examine Head Start Programs in New Communities

Under the 1978 expansion effort, 50 new Head Start grantees and 102 counties received Head Start programs for the first time. These new programs therefore represent an excellent opportunity to take a fresh look at how Head Start actually functions in the 1980s. A study should be conducted to assess the ease with which these new programs were established, to determine which community groups were interested in becoming Head Start grantees and participants, and to examine the relationship between these new Head Start programs and the public schools and other child care programs. This proposed evaluation would provide valuable data not only to guide any future expansion efforts, but also to inform efforts to build bridges between Head Start and the public schools and other child care programs.

3. Evaluate Impact on Whole Family

To date, evaluation efforts have largely been limited to Head Start's

impact on children. Yet, there is evidence that when parents' sense of control is increased, their children also reap the benefits. More research should therefore be conducted to determine Head Start's impact on parents—particularly its effects on the parents' sense of control.

Research should also be conducted to determine how Head Start affects the child's quality of life while he or she is in the program. Too often our ultimate measure of children's programs is later success, or what the children become. But a child has a right to a happy childhood no matter what he or she becomes. Research is needed to determine Head Start's impact on the child's quality of life and sense of well-being while in the Head Start program.

4. Evaluate Effects of Income Mix

As stated earlier, we think it would be most unwise to use severely limited funds to attempt to open Head Start to more middle-income families when the program has the resources to serve only 20 percent of the eligible low-income families. Nevertheless, we like the principle of encouraging a greater socioeconomic mix of children. The State of California achieves this greater mix by combining Head Start and its state preschool program, which has a somewhat higher income ceiling. While the Report to the Committee on Appropriations (1980) criticizes the State of California for mixing the two program budgets, we think the California model suggests a way to achieve a greater socioeconomic mix while still reserving Head Start funds for low-income children and families. Research should be conducted to determine whether Head Start children may do better when they are mixed with children from higher-income families.

D. Conclusion

Head Start is a social program which has been proven to be effective. The program has earned the trust of the poor and the respect of a broad range of Americans. Head Start in many ways represents what is best about this nation—the joining together of diverse peoples in a common effort to help those less well-off. In this age of economic retrenchment, when it is tempting to write off the poor as a casualty of inflation, Head Start is more important than ever. The program's record of achievement reminds us that, yes, it it possible to give children from low-income families a better and healthier start on life, and that this early assistance has long lasting benefits.

Thus, as we look to the 1980s, we must ensure that Head Start continues to offer the quality services that have proven so effective. We must not allow the program's achievements to be whittled away by reduced staff-child ratios, by lack of transportation, or by the ravages of inflation. Nor can we allow any departure from Head Start's emphasis on parent involvement, its comprehensive approach, and its responsiveness to local needs. These central features of Head Start may seem elementary, but after 15 years they reamin the envy of many other human services. In the case of Head Start, the simplest approach has also proven to be the wisest: Strengthen a child's body, make sure he or she can see and hear properly, and it is surprising how motivated that child will be to learn. Increase parents' self-esteem and confidence as the primary educators of their children, and the children will respond with a sense of worth and hope.

Finally, we must ensure that Head Start continues to exercise its leadership role as an innovative program, a program responsive to changing family needs. Head Start should begin now to build on its already informal role as a coordinator for family services, placing special emphasis on the prenatal-through-toddler

age period. It should incorporate its successful family initiatives into the regular Head Start program, and respond even more effectively to the needs of the working poor. Head Start has learned much over the last 15 years about the delivery of supportive services for families, and this wisdom and experience should be put to its fullest use.

Bibliography

Abt Associates, Inc. A National Survey of Head Start Graduates and their Peers. Cambridge, Mass., March 1978. (Contract No. HEW 105-76-1103) (ED 152 422)

Abt Associates, Inc. Final Report of the National Day Care Study: Children at the Center. Executive Summary. Cambridge, Mass., March 1979. (Contract No. HEW 105-74-1100)

Adams, D. Parent Involvement: Parent Development. Center for the Study of Parent Involvement. Oakland, California, January 1976.

Applied Management Sciences. Evaluation of the Process of Mainstreaming Handicapped Children into Project Head Start. Phase I Executive Summary. Silver Spring, Maryland, April 28, 1978. (Contract No. HEW 105-76-1113) (a)

Applied Management Sciences. Evaluation of the Process of Mainstreaming Handicapped Children into Project Head Start. Phase II Executive Summary. Silver Spring, Maryland, December 15, 1978. (Contract No. HEW 105-76-1113) (b)

Bronfenbrenner, U. Is early intervention effective? In M. Guttentag & E. L. Struening (Eds.), Handbook of Evaluation Research (Vol. 2). Beverly Hills, California: Sage Publications, 1975.

Bronfenbrenner, U., Cochran, M., & Cross, W. E., Jr. The transition from home to school for children and their families: An ecological experiment. From the Comparative Ecology of Human Development Project, July 24, 1980. Unpublished paper, Report to N.I.E.

Campbell, D. T. Reforms as experiments. American Psychologist, 1969, 24, 409-429.

Campbell, D. T., & Erlebacher, A. How regression artifacts in quasi-experimental evaluations can mistakenly make compensatory education look harmful. In J. Hellmuth (Ed.), Disadvantaged Child: III. Compensatory Education: A National Debate. New York: Brunner/Mazel, 1970.

Cohen, D. J., & Zigler, E. Federal day care standards: Rationale and recommendations. American Journal of Orthopsychiatry, 1977, 47, 456-465.

Cooke, R. E. Introduction. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Darlington, R. B., Royce, J. M., Snipper, A. S., Murray, H. W., & Lazar, I. Preschool programs and later school competence of children from low-income families. Science, April 11, 1980, 208(4440), 202-204.

Datta, L. The impact of the Westinghouse/Ohio evaluation on the development of Project Head Start: An examination of the immediate and longer-term effects and how they came about. In C. C. Abt (Ed.), The Evaluation of Social Programs. Beverly Hills, California: Sage, 1976.

Datta, L. Another spring and other hopes: Some findings from national evaluations of Project Head Start. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Davies, D. An Overview of the Status of Citizen Participation in Educational Decision Making. Washington, D. C.: Institute for Responsive Education and the Education and Human Resources Development Division of Optimum Computer Systems, Inc., 1978.

Development Associates. Final Report on a Project to Conduct an Evaluation of the Implementation, Effects and Costs of the Child and Family Resource Program During the Third and Fourth Years of Program Operations. Arlington, Virginia, October 21, 1977. (Contract No. HEW 105-76-1102)

Edelman, M. W. (Testimony). U.S. Congress. Senate Committee on Governmental Affairs. Department of Education Act, Ninety-Fifth Congress, Second Session, 1978. Part 2.

Federal Register. HEW Day Care Regulations. March 19, 1980, 45(55), 17870-17885.

Gramlich, E. M. The distributional effects of higher unemployment. Brookings Papers on Economic Activity, 1974, 2, 293-336.

Harmon, C., Furrow, D., Gruendel, J., & Zigler, E. Childhood accidents: An overview of the problem and a call for action. SRCD Newsletter, Spring 1980, p. 5.

HEW Response to the Report to the House Appropriations Committee on Head Start Funding and Administration, February, 1980.

Huston-Stein, A., Friedrich-Cofer, L., Susman, E. J. The relation of classroom structure to social behavior, imaginative play, and self-regulation of economically disadvantaged children. Child Development, 1977, 48, 908-916.

The Impact of Inflation on Local Head Start Programs: Implications for the FY 1982 Head Start Budget. ACYF Internal Staff Memorandum, March 1980.

Kirschner Associates, Inc. A National Survey of the Impacts of Head Start Centers on Community Institutions. Albuquerque, New Mexico: Kirschner Associates, May 1970. (ED 045 195)

Lasting Effects After Preschool, A report of the Consortium for Longitudinal Studies under the supervision of Irving Lazar and Richard B. Darlington, October 1978. (DHEW Publication No. (OHDS) 79-30178)

Lazar, I. Invest early for later dividends. The Interstate Compact for Education, Fall 1979, 13(3), 12-13; 28.

Minarik, J. J. Who wins, who loses from inflation? Challenge, 1979, 21(6), 26-31.

National Institute for Advanced Studies. Summary Report: An Analysis of 1978-79 Head Start Performance Indicators, February 29, 1980. (DHEW Contract No. 105-79-1000)

O'Keefe, A. What Head Start Means to Families. Washington, D.C.: U.S. Government Printing Office, 1979. (DHEW Publication No. (OHDS) 79-31129)

Omwake, E. B. Assessment of the Head Start preschool education effort. In E. Zigler & J. Valentine (Eds), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Palmer, F. H., & Andersen, L. W. Long-term gains from early intervention: Findings from longitudinal studies. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

The President's Commission on Mental Health. Report of the Task Panel on Mental Health and American Families: Sub-Task Panel on Infants, Children, and Adolescents. Task Panel Reports (Vol. 3). Washington, D.C.: U.S. Government Printing Office, 1978.

The President's Panel on Mental Retardation. Report of the Task Force on Prevention, Clinical Services and Residential Care. Washington, D.C.: Public Health Service, 1963.

Project Developmental Continuity: A Head Start Demonstration Program Linking Head Start, Parents, and the Public School. Washington, D.C.: Department of Health, Education, and Welfare (Office of Child Development), 1977. (GPO 917-327)

Project Developmental Continuity Evaluation: Some Questions and Answers. Prepared for the National PDC Meeting, Springfield, Virginia, April 1980.

Project Head Start Statistical Fact Sheet. Washington, D.C.: Department of Health, Education, and Welfare (OHDS), February 1980.

A Proposal for Head Start Family Resource Centers. Prepared by M. Kendrick, Program Analyst, ACYF, March 1980.

Recommendations for a Head Start Program, by a Panel of Experts, chaired by Dr. Robert Cooke, February 19, 1965.

Remarks of the President at the 15th Anniversary of the Head Start Program, Office of the White House Press Secretary, March 12, 1980.

A Report to the Committee on Appropriations, U.S. House of Representatives on the Head Start Program Funding and Administration, Survey and Investigations Staff, February 1980 (For a copy write: H218 U.S. Capitol, Committee on Appropriations, Washington, D.C. 20515)

Report to the Congress by the Comptroller General of the United States. Early Childhood and Family Development Programs Improve the Quality of Life for Low-Income Families, HRD-79-40, February 6, 1979.

Richmond, J. B., Stipek, D. J., & Zigler, E. A decade of Head Start. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Smith, M., & Bissell, J. S. Report analysis: The impact of Head Start. Harvard Educational Review, 1970, 40, 51-104.

Smith, R. E. (Ed.). The Subtle Revolution: Women at Work. Washington, D.C.: The Urban Institute, 1979.

Social Research Group, The George Washington University. A Review of Head Start Research Since 1969 and An Annotated Bibliography. Washington, D.C.: May 1977. (Contract No. HEW 105-76-1120)

The Status of Handicapped Children in Head Start Programs: Seventh Annual Report of the U.S. Department of Health, Education, and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start. Washington, D.C.: DHEW, February 1980.

Training and Technical Assistance Services. Kentucky Wage Comparability Survey for Head Start and Non-Head Start. Western Kentucky University, 1980.

Trickett, P. K. Career development in Head Start. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Valentine, J., Ross, C. J., & Zigler, E. Epilogue. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Valentine, J., & Stark, E. The social context of parent involvement in Head Start. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Westinghouse Learning Corporation. The Impact of Head Start: An Evaluation of the Effects of Head Start on Children's Cognitive and Affective Development. Executive Summary. Ohio University Report to the Office of Economic Opportunity (Washington, D.C.: Clearinghouse for Federal Scientific and Technical Information, June 1969) (ED 036 321)

Zigler, E. Controlling child abuse in America: An effort doomed to failure? In R. Bourne & E. H. Newberger (Eds.), Critical Perspectives on Child Abuse. Lexington, Massachusetts: D. C. Health and Company, 1979. (a)

Zigler, E. Head Start: Not a program but an evolving concept. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979. (b)

Zigler, E., & Anderson, K. An idea whose time had come: The intellectual and political climate. In E. Zigler & J. Valentine (Eds.), Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.

Zigler, E., & Seitz, V. Social policy implications of research on intelligence. In R. J. Sternberg (Ed.), Handbook of Human Intelligence. New York: Cambridge University Press, in press.

Zigler, E. & Valentine J. (Eds.). Project Head Start: A Legacy of the War on Poverty. New York: The Free Press, 1979.